



www.gallatin.mt.gov/health

## Gallatin City-County Health Department

Environmental Health Services  
215 W. Mendenhall Rm 108  
Bozeman, MT 59715-3478  
(406) 582-3120 • (406) 582-3128

### Temporary Event Food Vendor Application

Name of Event \_\_\_\_\_

Event Location \_\_\_\_\_

Date(s) of Event \_\_\_\_\_ Time(s) of Event \_\_\_\_\_

Total expected number of patrons \_\_\_\_\_ Expected number of patrons per day \_\_\_\_\_

Name of Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Person in Charge of Booth \_\_\_\_\_ Telephone \_\_\_\_\_

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li><input type="checkbox"/> Non Profit (Exempt from licensing fees)</li><li><input type="checkbox"/> Valid Montana Food Purveyors License # _____ (F10 or F7)</li><li><input type="checkbox"/> \$85.00 Establishments with 2 or fewer employees working at any one time.</li><li><input type="checkbox"/> \$115.00 Establishments with 3 or more employees working at any one time.</li></ul> <p><b><u>Make check payable to MDPHHS</u></b></p> | <b>Office use Only:</b><br><br><input type="checkbox"/> Cash<br><br><input type="checkbox"/> Check # _____ |
|--|--|



Menu

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**No food preparation may be done at home.**

**All food must be prepared on site or in an approved licensed kitchen.**

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

**The following section is to be completed by the Health Department**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Environmental Health Specialist \_\_\_\_\_

Date \_\_\_\_\_